SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

360 FOR LINE NUMBER: PAGE 37 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Democratic Party of Wisconsin Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Price, Allison, , , Date of Receipt Mailing Address 7777 Fay Ave Ste 300 31 2023 City State Zip Code Transaction ID: 12609684 CA La Jolla 92037-4336 Amount of Each Receipt this Period FEC ID number of contributing C 10000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Price, Robert, , , Date of Receipt Mailing Address 7777 Fav Ave 01 2023 Ste 300 City State Zip Code Transaction ID: 12601636 CA La Jolla 92037-4336 Amount of Each Receipt this Period FEC ID number of contributing 140000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Price Group Owner Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 10000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Price, Robert, , , Date of Receipt Mailing Address 7777 Fay Ave 31 2023 Ste 300 City State Zip Code Transaction ID: 12609685 CA La Jolla 92037-4336 Amount of Each Receipt this Period FEC ID number of contributing C -130000.00federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Price Group Owner Receipt For: Aggregate Year-to-Date ▼ Primary General * Transfer to NonFederal Account. 10000.00 Other (specify) 150000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....